



#### **CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Mail Stop: AMENDMENT Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450"

op October 27, 2004

RIMMA MITELMAN Reg. No. 34,396

Attorney for Applicant(s)

<u>PATENT</u>

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Date of

Signature

Customer No.:

000201

Attorney Docket No.:

C7592(V)

Applicant:

Chapple et al.

Serial No.:

10/025,237

Filed: For: December 19, 2001

Stabilization of Antibodies Or Fragments Thereof

Group:

1751

Examiner: P. Kumar

Edgewater, New Jersey 07020

October 27, 2004

## <u>AMENDMENT</u>

Mail Stop: AMENDMENT Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated July 28, 2004, please consider the following amendments and remarks:

**Amendment to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

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on October 27, 2004

RIMMA MITELMAN Reg. No. 34,396

Attorney for Applicant(s)

10/27/04

Date of Signature

Customer No.: Attorney Docket No.: 000201

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UNITED STATES DEPT. OF COMMERCE

Patent and Trademark Office

Mail Stop: AMENDMENT Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required. [X]

The fee has been calculated as shown below.

### CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 80.00	
Multiple Claims		•			\$ 270.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$		

<sup>\*</sup>If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

\_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

[X] 37 C.F.R. § 1.16;

[X] 37 C.F.R. § 1.17;

[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

201) 840-2671

RM/sa

ella liteluea Rimma Mitelman

Registration No. 34,396

Attorney for Applicant(s)

<sup>\*\*</sup>If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.